PTO/SB/22 (12-04)
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A.R.	FOR EXTENSION OF TIME UNDER 3 FY 2005 uant to the Consolidated Appropriations Act,	Docket Number (Optional) 10841US07 Filed July 18, 2003		
	Number 10/622,224			
For "Hig	h Fidelity Insert Earphones And Methods C	of Making Same"		
Art Unit 2	643	Examiner Huyen D Lee		
	est under the provisions of 37 CFR 1.136(a) to ex	ktend the period for fill	ing a reply in the above i	dentified
application. The requested	d extension and fee are as follows (check time pe	eriod desired and ente	er the appropriate fee bel	ow):
·		Fee	Small Entity Fee	
	☐ One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
	∑ Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ <u>225</u>
	☐ Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
□ A ₁	pplicant claims small entity status. See 37	CFR 1.27.		
□ A	A check in the amount of the fee is enclosed	i. ! 07/28/20	005 SHASSEN1 00000029	130017
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	•	attached. charge fees in this any fees which may	application to a Depo	t any
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This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04)
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JL 2 Under the Raperwork Re	duction Act of 19	95, no persons are	required	to respond to a collect	ion of information ι	ınless it displays a	valid OMB control number				
Effective on 12/08/2004. Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).			Complete if Known								
FEE TRANSMITTAL				Application Number	10/622,224						
				Filing Date	July 18, 2003						
for FY 2005				First Named Inventor	Iseberg et al.						
				Examiner Name	Huyen D Le						
Applicant claims sm	all entity statu	s. See 37 CFR	1.27	Art Unit	2643						
TOTAL AMOUNT OF PA	YMENT (\$)	225.00		Attorney Docket No.	10841US07	<u>-</u> -	<u> </u>				
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy											
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)											
Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fees(s) Credit any overpayments under 37 CFR 1.16 and 1.17											
WARNING: Information on th information and authorization		come public. Cred	lit card in	formation should not l	be included on thi	s form. Provide c	redit card				
FEE CALCULATION											
1. BASIC FILING, SEARC	H, AND EXAM	INATION FEES									
	FILING	EXAMINAT	ION FEES Small Entity								
Application Type	Fee (\$)	mall Entity Fee(\$)	<u>Fee(\$)</u>	Small Entity Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid(\$)				
Utility	300	150	500	250	200	100					
Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300					
Provisional	200	100	0	0	0	0					
2. EXCESS CLAIM FEES						Fa	Small Entity				
Fee Description Each claim over 20, or for F	Reissues each	claim over 20 an	nd more t	than in the original pa	atent		<u>ee(\$) </u>				
Each independent claim ov							200 100				
Multiple dependent claims						_	180				
Total Claims	Extra or HP	Claims Fe	<u>e(\$)</u>	Fee Paid (\$)		Multiple Depe Fee	Fee Paid (\$)				
HP = highest number of		aid for, if greater t	han 20		-						
Indep. Claims	•	_	e(\$)	Fee Paid (\$)							
-3 or		X		=	-						
HP = highest number of 3. APPLICATION SIZE FE	•	aaims paid for, ii i	greater ti	nan s							
If the specification and dra for each additional 50	awings exceed					5 for small entity))				
Total Sheets	Extra Shee			each additional 50			Fee Paid(\$)				
-100 /50 (round up to a whole number) x =											
4. OTHER FEE(S) Fee Paid(\$) Non-Exclision Specification \$130 for (no small entity discount)											
Non-English Specification, \$130 fee (no small entity discount)											
Other: Petition For Two Month Extension Of Time 225.00											
SUBMITTED BY A A A A											
	n ald	Anil On	Λ	Registration No.	52,245	Telephone	(312)775-8000				
	HNOLO . Id H. Spuhler	April	•	(Attorney/Agent)		Date	07/25/2005				